

Muchas gracias Raquel,

De hecho tengo en mis manos una requisicion de servicios que me gustaria
ma ayudaras a cotizar:

Item	Qty	Description
0001	1	Blanket Order for Service Support of Speedline.

Agradezco de antemano tu ayuda.

Liliana Velasco

-----Original Message-----

From: R Arenas@speedlinetech.com [mailto:R Arenas@speedlinetech.com]
Sent: Thursday, July 21, 2005 9:58 AM
To: Velasco, Liliana M
Subject: Welcome

Buenos dias,

Hola Liliana,

Me pongo a tus ordenes para lo relacionado a servicio de Speedline
(cotizaciones, facturas, programaciones de servicio). Nuestros telefonos
son 018007181614 o 013333656511, fax 013338189816.

Nuestros numeros telefonicos estan disponibles 24 horas, de lunes a
viernes
en horario de 8:00 a 5:00 pm te atendemos personalmente, despues de ese
horario y fines de semana, se dirige automaticamente a nuestro sistema
de
mensajes, donde puedes dejar tu nombre, telefono y que necesitas y nos
comunicaremos contigo. Estos telefonos son los mismos para soporte
tecnico.

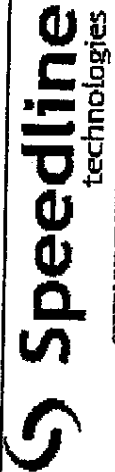
Si tienes alguna duda como funciona nuestro servicio no dudes en
contactarme. Que pases un excelente dia.
Saludos

Raquel Arenas
Customer Tech Support Office
Speedline Technologies
Phone # 01800 7181614, 013333656511
Fax # 013338189816
email: RArenas@speedlinetech.com

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***** LAC_MPM_DeHosa 1.ms



SPEEDLINE TECHNOLOGIES
16 FORCE PARK
FRANKLIN, MA 02038
USA

REMIT TO:
SPEEDLINE TECHNOLOGIES INC
P.O. BOX 90410
CHICAGO, IL 60696-0410
UNITED STATES

INVOICE

INVOICE	PAGE
158934	1 OF 1
INVOICE DATE	ORDER DATE
10/01/05	03/09/05
SALES ORDER	
646341	
FREIGHT TERMS:	
COLLECT	
FOR:	
ORIGIN	
PURCHASE ORDER	
450072781	
SHIPPER NUMBER	
0505652220	

S 10013528
H DELPHI DELCO ELECTRONICS
I SYSTEMS
P 601 JOAQUIN CAVAZOS ROAD
T LOS INDIOS, TX 78567
O UNITED STATES

B 10052440
I DELPHI DELCO ELECTRONICS SYS
L ATTN: MANUAL RECEIPTS PROCESS
L MS-A241/PO BOX 9005
T KOKOMO, IN 46904-9005
O UNITED STATES

Your VAT-ID: IN DP

TERMS:	NET60	DUE DATE	11/30/05	SALESPERSON	50000090 50000030	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPERS REFERENCE
IN	ITEM NUMBER	DESCRIPTION	QUANTITY	UNIT	PRICE	DISCOUNT	SHIPPED	BACK ORDER TAX	PRICE
3	SERV. EXPENSES-MPM	SERVICE EXPENSES - MPM	EA	1.0	0.00	0.00	yes	0.00	3,390.00
SUB TOTAL	3,390.00								
OTHER SHIPMENT TAX	0.00								
TOTAL	3,390.00								

CONTACT: R CUNNINGHAM
PHONE: 765-451-2104
FAX: 765-451-0265

REQUESTOR: GERSON RODRIGUEZ
PHONE: 915-612-6067

TRAFFIC CONTACT: DELPHI D TRANSPORTATION
PHONE: 765-451-4078 OR 765-451-4079

DEPT# 03450

TOTAL DUE: 3,390.00
CURRENCY: USD

02/24/05 THU 08:39 FAX 765 451 2049

PURCHASING

001

DELPHI 508-590-0309

Kurt Ulrich

Delphi Electronics and Safety

Page 1 of 6

Buyer:
DELPHI
ELECTRONICS & SAFETY
P.O. Box 9005
KOKOMO IN 46904-9005

Purchase Order

PO Number
450072781
Version
02/24/2005 08:14:59

Date Issued
09/17/2004

Deliver to:
DELPHI D DELNOSA Plant 5-6
601 Joaquin Cavazos Road
LOS INDIOS TX 78567

SPEEDLINE TECHNOLOGIES INC
16 FORGE PARK
FRANKLIN MA 02038-3157

Vendor No: 1002870
DUNS No: 183112879

Payment Terms: Net 30
Currency: USD
Payment settled on 2nd, 2nd Month
Incoterms: FOB Freight Collect

64634

*S/N: 2247 and 22394
OK - (LJS)*

Item No.	Material No/Item Identifier No.	Total Order Quantity	Plant	Requester
00030	FR10113953 00010 UPGR-210, DOR TO WINDOWS NT COMPUTER UP2000HIE RODRIGUEZ, G X6067 PR49069	2.000	DAHQ DELPHI D HEADQUARTERS	RODRIGUEZ, G
PER FOA FROM GRICELDA LARA, PR PRICING WAS NOT CORRECT. LINES 10 AND 20 WERE DELETED FROM PO. LINES 30 AND 40 WERE ADDED WITH THE CORRECT PRICING AS PER FOA AND QUOTE 2/23/05G/RW				
Delivery Date	Scheduled Quantity	Price	Price Unit	UOM
09/10/2004	2.000	8,750.00	1	EA
				USD
				Value
				17,500.00
00040	FR10113953 00020 SERV EXPENSES	3,390	DAHQ DELPHI D HEADQUARTERS	RODRIGUEZ, G
Delivery Date	Scheduled Quantity	Price	Price Unit	UOM
09/10/2004	3,390.000	1.00	1	DOL
				USD
				Value
				3,390.00
				3,390.00
Total net value				USD
				20,890.00

*PAID
Inv 050552
3-14-05
00040
Inv 158934
10-1-05*

Purchasing Contact: Cunningham, R (RR)

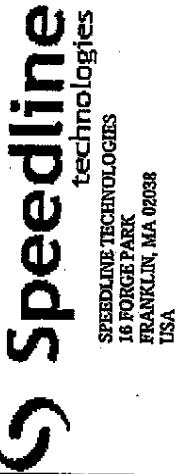
Phone: 765-451-2104

Fax: 765-451-0265

Contact Address:

Delphi B & S
One Corporate Center MS:CTLLM,
KOKOMO IN 46902

Date and Time Printed: 02/24/2005 08:14:59



REMIT TO:
SPEEDLINE TECHNOLOGIES INC
P.O. BOX 90410
CHICAGO, IL 60696-0410
UNITED STATES

INVOICE

INVOICE	PAGE
158632	1 OF 1
INVOICE DATE	ORDER DATE
10/03/05	09/20/05
SALES ORDER	
CA132702	
FREIGHT TERMS:	
PPD&ADD	
FOB	
ORIGIN	
PURCHASE ORDER	
450139521	
SHIPPER NUMBER	

B 10060499
I DELPHI DELCO SYSTEMS
L 2033 EAST BOULEVARD
L PLANT 9 RECEIVING
T KOKOMO, IN 46902
O UNITED STATES

TERMS:	DUE DATE	SALESPERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPPER'S REFERENCE
NET60	12/02/05			10/03/05	CALL	
ITEM NUMBER	PART DESCRIPTION	UNIT	QUANTITY	SHIPPED	BACKORDER	TAX
1 UP2000-B	Work Code: FIELDSVCFIELD SERVICE REPAIR Service Type: BILLABLEBILLABLE SERVICE UP2000-B <<10/03/2005 12:37 barnone>> UP2000-B PROHEAD WOULD NOT LEVEL. FOUND FUL9 BLOWN. REPLACED. FOUND INCORRECT UP2000-B SWITCH SETTINGS ON DAC CARD. RE-CAL'D SEQUENCER REGULATOR.	1.0				
						PRICE
						2,810.00

SUBTOTAL	DISCOUNT	TAX	OTHER (SEE BELOW)	TOTAL
2,810.00	0.00	0.00		2,810.00
TOTAL DUE:				2,810.00
				CURRENCY: USD

SEP-26-05 14:09 From: SPEEDLINE TECHNOLOGIES

847-426-7383

45733460592

T-516 P.01

P-3

Job-483

DELPHI

CA132702

Delphi Electronics and Safety
Page 1 of 6

Buyer:

DELPHI
ELECTRONICS & SAFETY
P.O. Box 9005
KOKOMO IN 46904-9005

Deliver to:

DELPHI DELCO ELECTRONICS CORP
ATTN: MANUAL RECEIPTS MS-CTA229
No physical shipment
KOKOMO IN

SPEEDLINE TECHNOLOGIES INC
P.O. Box 709
CAMDENTON MO 65020

PO Number

450139521

Version

22-Sep-2005 02:20:02 EST

Date Issued

21-Sep-2005

Delivery date: 30-SEP-2005

Vendor No: 1007961

DUNS No: 094392040

Payment settled on 2nd, 2nd Month

Bob Brilly

Item No.	Material No./Part Number	Description	Unit	Price	Price Unit	UOM	Value
00010	PR10225227 00010	ON-SITE SERVICE CALL TO COVER THE COST FOR SERVICE REP. IN HOUSE FOR SPEEDLINE MPM PRINTER. MOD# UP400015 S/N 2333 DEN 6032375	1.000	7,000.00		PU	7,000.00
TIM PENNELL 765-451-2419							
Delivery Date 30-SEP-2005 Scheduled Quantity 1.000							
Price 7,000.00 Price Unit USD UOM PU							7,000.00
Total Price USD							7,000.00

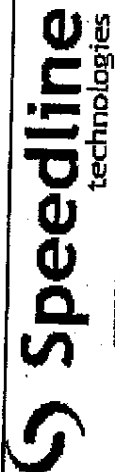
Purchasing Contact: Purvis, Laura
Phone: 765-451-2104
Fax: 765-451-0265

Contact Address:

Delphi E & S
One Corporate Center MS-CTLLM,
KOKOMO IN 46902

Date and Time Printed: 22-Sep-2005 02:20:02 EST

09/26/2005 MON 03:12 [TX/RX NO 7454] @001



**SPEEDLINE TECHNOLOGIES
16 FORGE PARK
FRANKLIN, MA 02038
USA**

10052440
DELPHI DELCO ELECTRONICS SYS
ATTN MANUAL RECEIPTS PROCESS
MS-A241/PO BOX 9005
KOKOMO, IN 46904-9005
UNITED STATES

Q Your VAT-ID: IN DP

REMIT TO:

SPEEDLINE TECHNOLOGIES INC
P.O. BOX 90410
CHICAGO, IL 60696-0410
UNITED STATES

10060499
DELPHI DELCO SYSTEMS
2033 EAST BOULEVARD
PLANT 9 RECEIVING
KOKOMO, IN 46902
UNITED STATES

INVOICE

INVOICE	PAGE
0520277	1 OF 4
INVOICE DATE	ORDER DATE
10/04/05	07/13/05
SALES ORDER	
654175	
FREIGHT TERMS:	
COLLECT	
FOR:	
ORIGIN	
PURCHASE ORDER	
450112937	
SHIPPER NUMBER	
0520277210	

[illegible]

SPEEDLINE TECHNOLOGIES
16 FORGE PARK
FRANKLIN, MA 02038
USA

○ Your VAT-ID: IN DP

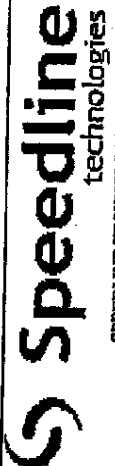
SHIPP TO
10060499
DELPHI DELCO SYSTEMS
2033 EAST BOULEVARD
PLANT 9 RECEIVING
KOKOMO, IN 46902
UNITED STATES

REMIT TO:
SPEEDLINE TECHNOLOGIES INC
P.O. BOX 90410
CHICAGO, IL 60696-0410
UNITED STATES

INVOICE

INVOICE	PAGE
0520277	2 OF 4
INVOICE DATE	ORDER DATE
10/04/05	07/13/05
SALES ORDER	
654175	
FREIGHT TERMS:	
COLLECT	
JOB:	
ORIGIN	
PURCHASE ORDER	
450112937	
SHIPPER NUMBER	
0520277210	

TERMS	DATE	SALESPERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPERS REFERENCE		
NET60	12/03/05	50000018 500000025		10/04/05	GUYER	0942		
ITEM NUMBER	DATE DESCRIPTION	QUANTITY	UNIT	SHIPPED	BACKORDER	TAX	PRICE	NET PRICE
VC-13155	Ultrafill-N2 Nozzles	1		** Cont	**			
OP-UFN-VC								
VC-13155	Nitrogen Roatary Chip Nozzle	1		** Cont	**			
OP-N2ROT-VC								
VC-13155	Quick Change Solder Pot	1		** Cont	**			
OP-QC-VC								
VC-13155	Motorized Rollout/Jacking Stand	1		** Cont	**			
OP-MROLL-VC								
VC-13155	Wire Feeder	1		** Cont	**			
OP-WFEED-WS								
VC-13155	Light Tower	1		** Cont	**			
OP-TOWER-WS								
VC-13155	Additional Rear E-Stops	1		** Cont	**			
OP-STOPS-WS								
VC-13155	Emergency Power Supply	1		** Cont	**			
OP-EPS-WS								
VC-13155	SNEMA Interface	1		** Cont	**			
OP-SNEMA-WS								
VC-13155	English CD Manual	1		** Cont	**			
OP-MNLS-AS								
VC-13155				** Cont	**			
OP-13155				** Cont	**			
VC-13155	480 Volts/60 Hertz - 3 Phase			** Cont	**			
OP-13155				** Cont	**			
VC-13155	LLV Finger Intermix Ratio			** Cont	**			
OP-13155				** Cont	**			



SPEEDLINE TECHNOLOGIES
16 FORGE PARK
FRANKLIN, MA 02038
USA

REMIT TO:
SPEEDLINE TECHNOLOGIES INC
P.O. BOX 90410
CHICAGO, IL 60696-0410
UNITED STATES

INVOICE

INVOICE	PAGE
0520277	3 OF 4
INVOICE DATE	ORDER DATE
10/04/05	07/13/05
SALES ORDER	
654175	
FREIGHT TERMS:	
COLLECT	
FOR:	
ORIGIN	
PURCHASE ORDER	
450112937	
SHIPPER NUMBER	
0520277210	

B 10052440
I DELPHI DELCO ELECTRONICS SYS
L ATTN MANUAL RECEIPTS PROCESS
L MS-A241/PO BOX 9005
T KOKOMO, IN 46904-9005
O UNITED STATES
O Your VAT-ID: IN DP

S 10060499
H DELPHI DELCO SYSTEMS
I 2033 EAST BOULEVARD
P PLANT 9 RECEIVING
T KOKOMO, IN 46902
O UNITED STATES

TERMS:	NET60	DUE DATE	12/03/05	SALES PERSON	50000018 50000025	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPERS REFERENCE
LINE NUMBER	PART DESCRIPTION	QUANTITY	UNIT	SHIPPED	PACK ORDER	PRICE	PRICE	PRICE	PRICE

1/16IN Board Thickness, 6.4 mm foot length

VC-13155	Load Guides at board input	**	Cont	**
VC-13155	Finger Mask Position- Fixed Rail-Both	**	Cont	**
VC-13155	No Fluxer Required	**	Cont	**
VC-13155	Zone 1: Vecta Preheater	**	Cont	**
VC-13155	Zone 2: Vecta Preheater	**	Cont	**
VC-13155	Zone 3: Infrared Preheater	**	Cont	**
VC-13155	English Machine Manuals	**	Cont	**
VC-13155	CUSTOMER Acceptance Required	**	Cont	**
VC-13155	NOTE: Customer is planning to have 3rd party C02 system installed at	**	Cont	**
VC-13155	Camdanton prior to ship. To support this, replace standard main disconnect	**	Cont	**
VC-13155	on machine with main disconnect with shunt. (P/N 2-5009-420-00-0)	**	Cont	**
VC-13155	NOTE: Add Wire Feeder Spool Bracket	**	Cont	**



REMIT TO:
SPEEDLINE TECHNOLOGIES INC
P.O. BOX 90410
CHICAGO, IL 60696-0410
UNITED STATES

INVOICE

INVOICE	0520277	PAGE	4 OF 4
INVOICE DATE	10/04/05	ORDER DATE	07/13/05
SALES ORDER	654175		
FREIGHT TERMS	COLLECT		
FOB	ORIGIN		
PURCHASE ORDER	450112937		
SHIPPER NUMBER	0520277210		

B 10052440
I DELPHI DELCO ELECTRONICS SYS
L ATTN MANUAL RECEIPTS PROCESS
L MS-A241/PO BOX 9005
T L KOKOMO, IN 46904-9005
O UNITED STATES

S 10060499
H DELPHI DELCO SYSTEMS
I 2033 EAST BOULEVARD
P PLANT 9 RECEIVING
T KOKOMO, IN 46902
O UNITED STATES

Your VAT-ID: IN DP

TERMS:	NET60	DUE DATE	12/03/05	SALESPERSON	50000018:500000025	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPERS REFERENCE
INVOICE NUMBER	0520277	DATE DESCRIPTION					10/04/05	GUYER	0942
VC-13155									

QUANTITY	UNIT	DESCRIPTION	PRICE	DISCOUNT	TAX	OTHER (SEE BELOW)	TOTAL
----------	------	-------------	-------	----------	-----	-------------------	-------

152,807.00 0.00 0.00 0.00 152,807.00

TOTAL DUE: 152,807.00
CURRENCY: USD

PURCHASE CONTACT: GREG DRAKE
PHONE #: 765-451-2019
FAX #: 765-451-5750

ENGINEER CONTACT: STU LONGGOOD
PHONE #: 765-451-0394
FAX #: 765-451-0542

TRAFFIC CONTACT: GUYER THE MOVER
PHONE NO: 765-457-6197

PAYMENT TERMS: PAYMENT SETTLED ON 2ND, 2ND MONTH

07/12/05 TUE 09:58 FAX 765 451 2049

PURCHASING

001

DELPHI

K. Granlich

508 590 0309

Delphi Electronics and Safety
Page 1 of 7

Buyer:
DELPHI
ELECTRONICS & SAFETY
P.O. Box 9005
KOKOMO IN 46904-9005

Deliver to:
PROTO LAB PLANT 9
Attention: Jana Royal
2033 E. BOULEVARD
KOKOMO IN 46902

SPEEDLINE TECHNOLOGIES INC
16 FORGE PARK
FRANKLIN MA 02038-3157

Purchase Order
PO Number 450112937 Date Issued 08-Jul-2005
Version 09-Jul-2005 02:20:10 EST

Delivery date: 30-SEP-2005

Vendor No: 1002870
DUNS No: 183112879

Payment Method: ADVANCE Payment settled on 2nd, 2nd Month
Incoterms: FOB Freight collect

Invoice 052077 \$152,807.00
Invoice 052047 36,198.00

Item No.	Material No./Item Identifier No.	Total Order Quantity	Plant
00010	FR10179684 00010	1.000	DANQ DELPHI D HEADQUARTERS LONGGOOD S
WAVE SOLDER SYSTEM ELECTROVERT VECTRA WAVE SOLDER SYSTEM INCLUDING OPTIONS: 480V/60HZ L/R INTERMIX RIGID FINGERS 36/6.4MM (1.4) FINGER CLEANER FINGER MASK PB WIDTH ADJUST LEAD SCREW COVERS LOAD END OPTION 2 ZONE 1 VEC BOTTOM/IR TOP ZONE 2 VEC BOTTOM/IR TOP ZONE 3 IR OPTIMA FLUXER W/ DUAL SUPPLY IN EXTERNAL CABINET N2 ULTRA FILL N2 SOLDER WIRE FEEDERS W/ SOLDER LEVEL SENSOR QUICK CHANGE SOLDER POT W/ SS MATERIALS STATUS LIGHT TOWER 2 REAR E-STOP EMERGENCY POWER SUPPLY SMT/MA INTERFACE ENGLISH LANG 1 EXTRA CD ROM MANUAL DELPHI STD WARRANTY DOCUMENT #2 4384 STUART LONGGOOD (765) 451-0394 PR447157 SP-007013 Warranty: 18 months parts and labor			

Purchasing Contact: Drake, Greg
Phone: 765-451-2019
Fax: 765-451-5750

Contact Address:
Delphi E & S
One Corporate Center MS-CTLLM
KOKOMO IN 46902

Date and Time Printed: 09-Jul-2005 02:20:10 EST

DELPHI

Delphi Electronics and Safety

Page 2 of 7

SPEEDLINE TECHNOLOGIES INC
16 FORGE PARK
FRANKLIN MA 02038-3157

Purchase Order

PO Number 450112937 **Date Issued** 08-Jul-2005
Version 09-Jul-2005 02:20:10 EST

Item No.	Material No./Item Identifier No.	Total Order Quantity	Plant	Requester	
Description					
Delivery Date	Scheduled Quantity	Price	Price Unit	UOM	Value
30-SEP-2005	1.000	189,005.00	1	EA	189,005.00
Need Item Invoice					USD 189,005.00

Total net value USD 189,005.00

NOTES:

Seller acknowledges and agrees that Buyer's General Terms and Conditions are incorporated in, and a part of, this contract and each purchase order, release, requisition, work order, shipping instruction, specification and other document issued by Buyer or accepted in writing by Buyer, whether expressed in written form or by electronic data interchange, relating to the goods and/or services to be provided by Seller pursuant to this contract (such documents are collectively referred to as this "Contract"). A copy of Buyer's General Terms and Conditions is available upon written request to Buyer or via the Internet at Delphi's website, delphi.com. Seller acknowledges and agrees that it has read and understands Buyer's General Terms and Conditions. If Seller accepts this Contract in writing or commences any of the work or services which are the subject of this Contract, Seller will be deemed to have accepted this Contract and Buyer's General Terms and Conditions in their entirety without modification. Any additions to, changes in, modifications of, or revisions of this Contract (including Buyer's General Terms and Conditions) which Seller proposes will be deemed to be rejected by Buyer except to the extent that Buyer expressly agrees to accept any such proposals in writing.

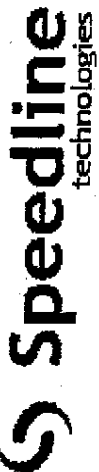
* PAYMENT ISSUES AND QUESTIONS REGARDING SHIPPED *
* MATERIAL SHOULD BE DIRECTED TO: *
* DISBURSEMENT SERVICES AT (248)874-4636. (A2) *

DO NOT INVOICE FOR SHIPPED MATERIAL. DELPHI-EAS IS
'PAY ON RECEIPT' AND INVOICES ARE NOT REQUIRED.

INVOICES ARE REQUIRED AND MUST BE SUBMITTED FOR
SERVICES AND ITEMS WHICH ARE NOT SHIPPED.

PLEASE SUBMIT THESE TO:
DELPHI DELCO ELECTRONICS CORP
ATTN: MANUAL RECEIPTS PROCESSING MS-9A241
P.O. BOX 9005
KOKOMO, IN 46904-9005

CALIFORNIA SHIPMENTS - DELPHI-EAS DOES NOT
HAVE A DIRECT PAYMENT PERMIT IN CALIFORNIA.
DELCO ELECTRONICS CORP DOES HAVE DIRECT PAY
PERMITS IN INDIANA,
MICHIGAN, TEXAS AND WISCONSIN.



SPEEDLINE TECHNOLOGIES
16 FORGE PARK
FRANKLIN, MA 02038
USA

REMIT TO:

SPEEDLINE TECHNOLOGIES INC
P.O. BOX 90410
CHICAGO, IL 60696-0410
UNITED STATES

INVOICE

INVOICE	PAGE
0520411	1 OF 1
INVOICED DATE	ORDER DATE
10/05/05	07/13/05
SALES ORDER	
654175	
FREIGHT TERMS:	
COLLECT	
FOR:	
ORIGIN	
PURCHASE ORDER	
450112937	
SHIPPER NUMBER	
0520277210	

10052440
B DELPHI DELCO ELECTRONICS SYS
I ATTN MANUAL RECEIPTS PROCESS
L MS-A241/PO BOX 9005
L KOKOMO, IN 46904-9005
UNITED STATES

S 10060499
H DELPHI DELCO SYSTEMS
I 2033 EAST BOULEVARD
P PLANT 9 RECEIVING
T KOKOMO, IN 46902
O UNITED STATES

Your VAT-ID: IN DP

TERMS	NET80	DATE	SALESPERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPERS REFERENCE
		12/04/05	50000018 50000025		10/04/05	GUYER	0942
LINE NUMBER	DESCRIPTION	QUANTITY	UNIT	PRICE	DISCOUNT	TAX	NET PRICE
2	NSR45634072		EA	1.0	** Cont **	0.0	36,048.00
	OPTIMA FLUXER						
	NSR45634072		EA	1.0	** Cont **	0.0	150.00
	OPTIMA FLUXER WITH DUAL FLUX OPTION MOUNTED IN EXTERNAL CABINET						
3	MANUAL-VECTRA						
	SALES ORDER MANUAL						
	VECTRA						
	MANUAL-VECTRA						
	MANUAL-VECTRA						
	One (1) CD-ROM manual set in electronic format						

SUBTOTAL	DISCOUNT	TAX	OTHER (SEE BELOW)	TOTAL
36,198.00	0.00	0.00		36,198.00

TOTAL DUE: 36,198.00
CURRENCY: USD

PURCHASE CONTACT: GREG DRAKE
PHONE #: 765-451-2019
FAX #: 765-451-5750

ENGINEER CONTACT: STU LONGGOOD
PHONE #: 765-451-0394
FAX #: 765-451-0542

TRAFFIC CONTACT: GUYER THE MOVER
PHONE NO: 765-457-6197

PAYMENT TERMS: PAYMENT SETTLED ON 2ND, 2ND MONTH

09/12/05 TUE 09:38 FAX 765 451 2049

PURCHASING

001

DELPHI

K. Granlich

508 596 0309

Delphi Electronics and Safety
Page 1 of 7

Buyer:
DELPHI
ELECTRONICS & SAFETY
P.O. Box 9005
KOKOMO IN 46904-9005

Deliver to:
PROTO LAB PLANT 9
Attention: Jenna Royal
2033 E. BOULEVARD
KOKOMO IN 46902

SPEEDLINE TECHNOLOGIES INC
16 FORGE PARK
FRANKLIN MA 02038-3157

Purchase Order
PO Number 450112937 Date Issued 08-Jul-2005
Version 09-Jul-2005 02:20:10 EST

Delivery date: 30-SEP-2005

Vendor No: 1002870
DUNS No: 183112879

Payment terms: Net 30
Payment settled on 2nd, 2nd Month
Incoterms: FOB - Freight collect

Invoice 052077 @152,807.00
Invoice 052047 36,198.00

Item No.	Material No./Item Identifier No.	Total Order Quantity	Plant
00010	PH10179694 00010	1.000	DELPHI D HEADQUARTERS LONGWOOD E
WAVE SOLDER SYSTEM ELECTROVERT VECTRA WAVE SOLDER SYSTEM INCLUDING OPTIONS: 480V/50HZ 1/2 INTERMIX RIGID FINGERS 0.064MM (1.1V) FINGER CLEANER FINGER MASK FB WIDTH ADJUST LEAD SCREW COVERS LOAD END OPTION 2 ZONE 1 VEC-BOTTOM/8-TOP ZONE 2 VEC-BOTTOM/10-TOP ZONE 3 IR OPTIMA FLUXER W/DUAL SUPPLY IN EXTERNAL CABINET N2 ULTRAFILL NO SOLDER WIRE FEEDER W/ SOLDER LEVEL SENSOR QUICK CHANGE SOLDER POT W/SS MATERIAL STATUS LIGHT TOWER 2 REAR E-STOP EMERGENCY POWER SUPPLY SMDMA INTERFACE ENGLISH LANG 1 EXTRA CD ROM MANUAL DELPHI STD WARRANTY DOCUMENT 59 #384 STUART LONGWOOD (765)451-0294 PR449757 6F-007013 Warranty: 18 months parts and labor			

Purchasing Contact: Drake, Greg Phone: 765-451-2019 Fax: 765-451-5750	Contact Address: Delphi E & S One Corporate Center MS:CTLLM, KOKOMO IN 46902
--	--

Date and Time Printed: 09-Jul-2005 02:20:10 EST

DELPHI

Delphi Electronics and Safety

Page 2 of 7

SPEEDLINE TECHNOLOGIES INC
16 FORGE PARK
FRANKLIN MA 02038-3157

Purchase Order

PO Number 450112937 **Date Issued** 08-Jul-2005
Version 09-Jul-2005 02:20:10 EST

Item No.	Material No.	Item Identifier No.	Total Order Quantity	Plant	Description	Requester
Delivery Date	Scheduled Quantity	Price	Price Unit	UOM	Value	
30-SEP-2005	1.000	189,005.00	1	EA	189,005.00	
Net Price Item Value					USD	189,005.00
Total net value					USD	189,005.00

NOTES

Seller acknowledges and agrees that Buyer's General Terms and Conditions are incorporated in, and a part of, this contract and each purchase order, release, requisition, work order, shipping instruction, specification and other document issued by Buyer or accepted in writing by Buyer, whether expressed in written form or by electronic data interchange, relating to the goods and/or services to be provided by Seller pursuant to this contract (such documents are collectively referred to as this "Contract"). A copy of Buyer's General Terms and Conditions is available upon written request to Buyer or via the Internet at Delphi's website, delphi.com. Seller acknowledges and agrees that it has read and understands Buyer's General Terms and Conditions. If Seller accepts this Contract in writing or commences any of the work or services which are the subject of this Contract, Seller will be deemed to have accepted this Contract and Buyer's General Terms and Conditions in their entirety without modification. Any additions to, changes in, modifications of, or revisions of this Contract (including Buyer's General Terms and Conditions) which Seller proposes will be deemed to be rejected by Buyer except to the extent that Buyer expressly agrees to accept any such proposals in writing.

* PAYMENT ISSUES AND QUESTIONS REGARDING SHIPPED *
* MATERIAL SHOULD BE DIRECTED TO: *
* DISBURSEMENT SERVICES AT (248)74-4636. (A2) *

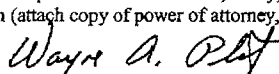
DO NOT INVOICE FOR SHIPPED MATERIAL. DELPHI E&S IS
'PAY ON RECEIPT' AND INVOICES ARE NOT REQUIRED.

INVOICES ARE REQUIRED AND MUST BE SUBMITTED FOR
SERVICES AND ITEMS WHICH ARE NOT SHIPPED.

PLEASE SUBMIT THESE TO:
DELPHI DELCO ELECTRONICS CORP
ATTN: MANUAL RECEIPTS PROCESSING MS-0A241
P O BOX 9005
KOKOMO, IN 46904-9005

CALIFORNIA SHIPMENTS - DELPHI E&S DOES NOT
HAVE A DIRECT PAYMENT PERMIT IN CALIFORNIA.
DELCO ELECTRONICS CORP DOES HAVE DIRECT PAY
PERMITS IN INDIANA,
MICHIGAN, TEXAS AND WISCONSIN.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE PROOF OF CLAIM	
Name of Debtor: Delphi Automotive Systems LLC		Case Number: 05-44640	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		THIS SPACE IS FOR COURT USE ONLY <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. </div> <div style="width: 45%; border-left: 1px solid black; padding-left: 5px;"> <div style="border-bottom: 1px solid black; height: 100px; margin-bottom: 5px;"></div> </div> </div>	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="text-align: center; font-size: 0.8em;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY <div style="text-align: center; font-size: 1.5em; transform: rotate(-90deg);"> 2006 JUL 27 A 10:01 S.D.N.Y. </div>	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;"> Wayne A. Platz, V.P. Finance & Administration </div>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Delphi Automotive Systems International, Inc.		Case Number: 05-44589	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="text-align: center;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		2006 JUL 27 A 10:05 SO. DIST. N.Y.	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  Wayne A. Platz, V.P. Finance & Administration </div>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

DUPLICATE

PROOF OF CLAIM

Name of Debtor:
Delphi Automotive Systems Thailand, Inc.

Case Number:
05-44586

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

- ☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim

Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

DUPLICATE

PROOF OF CLAIM

Name of Debtor:
MobileAria, Inc.

Case Number:
05-47474

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

- ☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle

☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim

Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

DUPLICATE

PROOF OF CLAIM

Name of Debtor:
Delphi International Services, Inc.

Case Number:
05-44583

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

- ☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle

☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim

Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or
b) your claim exceeds the value of the property securing it, or if
c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
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Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

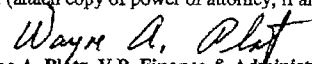
Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

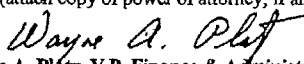
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

THIS SPACE IS FOR COURT USE ONLY
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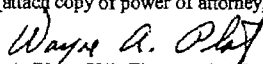
UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Delphi Receivables LLC	Case Number: 05-47459		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">THIS SPACE IS FOR COURT USE ONLY</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. </div> <div style="width: 35%;"></div> </div>	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>424,263.60</u> + <u>2,060.49</u> + <u>189,005.00</u> = <u>615,329.09</u> <div style="text-align: center; font-size: small;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ <u>2,060.49</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ <u>424,263.60</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">THIS SPACE IS FOR COURT USE ONLY</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold; transform: rotate(-90deg);"> 2006 JUL 27 A 10:06 S.M.A.Y. </div>	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;"> Wayne A. Platz, V.P. Finance & Administration </div>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Delphi Automotive Systems Korea, Inc.		Case Number: 05-44580	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		THIS SPACE IS FOR COURT USE ONLY <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 (unsecured nonpriority) (secured) (unsecured priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Set-off right Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY JUL 27 10:00 AM '06 CLERK OF COURT	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY JUL 27 10:00 AM '06 CLERK OF COURT	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Wayne A. Platz Wayne A. Platz, V.P. Finance & Administration		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

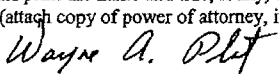
UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE		PROOF OF CLAIM	
Name of Debtor: Delphi Furukawa Wiring Systems LLC		Case Number: 05-47452		THIS SPACE IS FOR COURT USE ONLY	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.					
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022			
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain) </div> <div style="width: 35%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date) </div> </div>					
2. Date debt was incurred: See attached Purchase Orders			3. If court judgment, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ <u>424,263.60</u> + <u>2,060.49</u> + <u>189,005.00</u> = <u>615,329.09</u> <div style="text-align: center;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ <u>2,060.49</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____			7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).		
6. Unsecured Nonpriority Claim: \$ <u>424,263.60</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			THIS SPACE IS FOR COURT USE ONLY JUL 27 A 10:04 SPMY		
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.					
Date July 25, 2006		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  Wayne A. Platz, V.P. Finance & Administration </div>			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.					

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE PROOF OF CLAIM	
Name of Debtor: Delphi China LLC		Case Number: 05-44577	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="text-align: center;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		JUL 27 A 10:04 S.D.N.Y.	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  Wayne A. Platz, V.P. Finance & Administration </div>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Exhaust Systems Corporation	Case Number: 05-44573	<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.</p> <p style="text-align: right;">THIS SPACE IS FOR COURT USE ONLY</p>	
<p>Name and address of Creditor (and name and address where notices should be sent if different from Creditor):</p> <p>Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038</p> <p>Attn: Wayne A. Platz</p> <p>Telephone number: (508) 541-4992</p>		<p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.</p> <p><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.</p>	
<p>Account or other number by which creditor identifies debtor: See customer number on Exhibit B.</p>		<p>Check here if this claim:</p> <p><input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____</p>	
<p>1. Basis for Claim</p> <p><input checked="" type="checkbox"/> Goods sold</p> <p><input checked="" type="checkbox"/> Services performed</p> <p><input type="checkbox"/> Money loaned</p> <p><input type="checkbox"/> Personal injury/wrongful death</p> <p><input type="checkbox"/> Taxes</p> <p><input type="checkbox"/> Other _____ (explain)</p>		<p><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a)</p> <p><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</p> <p>Last Four Digits of your SS#: _____</p> <p>Unpaid compensation for services performed from _____ (date) to _____ (date)</p>	
<p>2. Date debt was incurred: See attached Purchase Orders</p>		<p>3. If court judgment, date obtained:</p>	
<p>4. Total Amount of Claim at Time Case Filed: \$ <u>424,263.60</u> + <u>2,060.49</u> + <u>189,005.00</u> = <u>615,329.09</u></p> <p style="text-align: center;">(unsecured nonpriority) (secured) (unsecured priority) (Total)</p> <p>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges</p>			
<p>5. Secured Claim</p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral:</p> <p><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle</p> <p><input checked="" type="checkbox"/> Other <u>Set-off right</u></p> <p>Value of Collateral: \$ <u>2,060.49</u></p> <p>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____</p>		<p>7. Unsecured Priority Claim</p> <p><input type="checkbox"/> Check this box if you have an unsecured priority claim</p> <p>Amount entitled to priority: \$ _____</p> <p>Specify the priority of the claim:</p> <p><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).</p> <p><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).</p> <p><input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).</p>	
<p>6. Unsecured Nonpriority Claim: \$ <u>424,263.60</u></p> <p><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.</p>		<p style="text-align: right;">THIS SPACE IS FOR COURT USE ONLY</p> <p style="text-align: center; font-size: small;">FILED JUL 27 A 10:04 S.M.A.Y.</p>	
<p>8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p>		<p style="text-align: right;">THIS SPACE IS FOR COURT USE ONLY</p> <p style="text-align: center; font-size: small;">FILED JUL 27 A 10:04 S.M.A.Y.</p>	
<p>9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p>			
<p>10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.</p>			
<p>Date July 25, 2006</p>	<p>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):</p> <p style="text-align: center;"><i>Wayne A. Platz</i> Wayne A. Platz, V.P. Finance & Administration</p>		
<p>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.</p>			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE		PROOF OF CLAIM	
Name of Debtor: Delphi Automotive Systems Human Resources LLC		Case Number: 05-44639		THIS SPACE IS FOR COURT USE ONLY	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.					
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____			
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)			
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="text-align: center; font-size: small;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charge:					
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).			
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.					
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  Wayne A. Platz, V.P. Finance & Administration </div>				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.					

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE PROOF OF CLAIM	
Name of Debtor: Delphi Automotive Systems Risk Management Corp.		Case Number: 05-44570	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained: _____	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 (unsecured nonpriority) (secured) (unsecured priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		2006 JUL 27 A 10:04 CLERK OF COURT U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Wayne A. Platz Wayne A. Platz, V.P. Finance & Administration		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Delphi Foreign Sales Corporation		Case Number: 05-44638	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="display: flex; justify-content: space-around; font-size: small;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.5em;"> 2006 JUL 27 A 10:01 S.M.Y. </div>	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  Wayne A. Platz, V.P. Finance & Administration </div>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

PROOF OF CLAIM

DUPLICATE

Name of Debtor:
Delphi Automotive Systems Global
(Holding), Inc.

Case Number:
05-44636

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angeli Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charge.

5. Secured Claim

☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

2006 JUL 27 A 10:04
S.D.N.Y.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE		PROOF OF CLAIM	
Name of Debtor: Delphi Automotive Systems Tennessee, Inc.		Case Number: 05-44558			
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.				THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____			
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)			
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained: _____			
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 (unsecured nonpriority) (secured) (unsecured priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Set-off right Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).			
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.					
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY			
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		JUL 27 A 10:04 S.D.N.Y.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.					
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Wayne A. Platz Wayne A. Platz, V.P. Finance & Administration				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.					

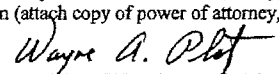
UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Delphi Services Holding Corporation		Case Number: 05-44633	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		THIS SPACE IS FOR COURT USE ONLY <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="text-align: center;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charge			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		THIS SPACE IS FOR COURT USE ONLY JUL 27 A 10:04 S.D.N.Y.	
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Wayne A. Platz</u> Wayne A. Platz, V.P. Finance & Administration	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

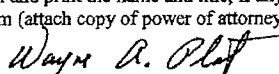
UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Delphi Technologies, Inc.		Case Number: 05-44554	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		THIS SPACE IS FOR COURT USE ONLY <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>424,263.60</u> + <u>2,060.49</u> + <u>189,005.00</u> = <u>615,329.09</u> (unsecured nonpriority) (secured) (unsecured priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ <u>2,060.49</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ <u>424,263.60</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY JUL 27 A 10:04 S.D.N.Y.	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY JUL 27 A 10:04 S.D.N.Y.	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Wayne A. Platz</u> Wayne A. Platz, V.P. Finance & Administration		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK <div style="display: flex; justify-content: space-around; align-items: center;"> DUPLICATE PROOF OF CLAIM </div>		
Name of Debtor: Delphi Automotive Systems Services LLC	Case Number: 05-44632	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		THIS SPACE IS FOR COURT USE ONLY
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992 </div> <div style="width: 45%;"> With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022 </div> </div>		<div style="margin-bottom: 10px;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. </div> <div> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. </div> <div> <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. </div>
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="text-align: center; font-size: 0.8em;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> U.S. BANKRUPTCY COURT S.D.N.Y. 2006 JUL 27 A 10:04 </div>
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.		
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;"> Wayne A. Platz, V.P. Finance & Administration </div>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.		

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM	
Name of Debtor: Delphi Electronics (Holding) LLC		Case Number: 05-44547	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		<div style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</div> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>424,263.60</u> + <u>2,060.49</u> + <u>189,005.00</u> = <u>615,329.09</u> <div style="text-align: center;">(unsecured nonpriority) (secured) (unsecured priority) (Total)</div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ <u>2,060.49</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ <u>424,263.60</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		U.S. BANKRUPTCY COURT S.D.N.Y. 2006 JUL 27 A 10:04	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Wayne A. Platz</u> Wayne A. Platz, V.P. Finance & Administration		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: DREAL, Inc.		Case Number: 05-44627	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		THIS SPACE IS FOR COURT USE ONLY	
With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 (unsecured nonpriority) (secured) (unsecured priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		2006 JUL 27 A 10:00 S.D.N.Y.	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Wayne A. Platz</u> Wayne A. Platz, V.P. Finance & Administration		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE		PROOF OF CLAIM	
Name of Debtor: Delphi Liquidation Holding Company		Case Number: 05-44542		THIS SPACE IS FOR COURT USE ONLY	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.					
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____			
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)			
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="text-align: center;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).			
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY S.D.N.Y. 2006 JUL 27 A 10:04			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.					
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  Wayne A. Platz, V.P. Finance & Administration </div>				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.					

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Packard Hughes Interconnect Company		Case Number: 05-44626	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="text-align: center; font-size: 0.8em;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		2006 JUL 27 A 10:04 S.D.N.Y.	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  Wayne A. Platz, V.P. Finance & Administration </div>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Specialty Electronics, Inc.		Case Number: 05-44539	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		THIS SPACE IS FOR COURT USE ONLY	
With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="text-align: center;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		2006 JUL 27 A 10:03 S.D.N.Y.	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Wayne A. Platz</u> Wayne A. Platz, V.P. Finance & Administration		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

PROOF OF CLAIM

DUPLICATE

Name of Debtor:
Delphi Connection Systems

Case Number:
05-44624

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

- ☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim
Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or
b) your claim exceeds the value of the property securing it, or if
c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

S.D.N.Y.

2006 JUL 27 A 10:03

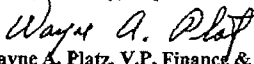
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Specialty Electronics International Ltd.	Case Number: 05-44536		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="text-align: center;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charge			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7) <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2006 JUL 21 A 10:03 S.M.H.Y. </div>	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  Wayne A. Platz, V.P. Finance & Administration </div>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK <div style="position: relative; height: 40px;"> DUPLICATE </div>		PROOF OF CLAIM	
Name of Debtor: Delphi Integrated Service Solutions, Inc.		Case Number: 05-44623	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		THIS SPACE IS FOR COURT USE ONLY <div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. </div> <div> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. </div> <div> <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. </div> </div>	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charge			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; opacity: 0.5;"> S.D.N.Y. 06 JUL 27 A 16:03 </div>	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; opacity: 0.5;"> S.D.N.Y. 06 JUL 27 A 16:03 </div>	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;"> Wayne A. Platz, V.P. Finance & Administration </div>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

PROOF OF CLAIM

DUPLICATE

Name of Debtor:
Delphi Medical Systems Corporation

Case Number:
05-44529

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

5. Secured Claim

- ☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim
Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(7).
☒ Other - Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE		PROOF OF CLAIM	
Name of Debtor: Aspire, Inc.		Case Number: 05-44618		THIS SPACE IS FOR COURT USE ONLY	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.					
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992 With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022					
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____			
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)			
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 (unsecured nonpriority) (secured) (unsecured priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).			
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY 2006 JUL 27 A 10:03 CLERK OF COURT S.M.Y.			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.					
Date July 25, 2006		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Wayne A. Platz</u> Wayne A. Platz, V.P. Finance & Administration			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.					

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UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE		PROOF OF CLAIM	
Name of Debtor: Delphi LLC		Case Number: 05-44615		NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.	
THIS SPACE IS FOR COURT USE ONLY					
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992				With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.				Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)				<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders				3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09 (unsecured nonpriority) (secured) (unsecured priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ 2,060.49 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____				7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ 424,263.60 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.				THIS SPACE IS FOR COURT USE ONLY 2006 JUL 27 A 03:03 SONY	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.				THIS SPACE IS FOR COURT USE ONLY 2006 JUL 27 A 03:03 SONY	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.					
Date July 25, 2006		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Wayne A. Platz, V.P. Finance & Administration			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.					

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

DUPLICATE

PROOF OF CLAIM

Name of Debtor:
Delphi Medical Systems Colorado
Corporation

Case Number:
05-44507

NOTE: This form should not be used to make a claim for an administrative
expense arising after the commencement of the case. A request for payment
of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be
sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that
anyone else has filed a proof of claim
relating to your claim. Attach copy of
statement giving particulars.

☐ Check box if you have never
received any notices from the
bankruptcy court in this case.

☐ Check box if the address differs
from the address on the envelope sent to
you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

- ☒ Check this box if your claim is secured by collateral (including a right
of setoff)

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in
secured claim, if any: \$ _____

7. Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim
Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former
spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180
days before filing of the bankruptcy petition or cessation of the debtor's
business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of
property or services for personal, family, or household use –
11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or
b) your claim exceeds the value of the property securing it, or if
c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of
making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security
agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the
documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped,
self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this
claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

DUPLICATE

PROOF OF CLAIM

Name of Debtor:
Delphi Diesel Systems Corp.

Case Number:
05-44612

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

- ☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle

☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim

Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

U.S. BANKRUPTCY COURT
S.D.N.Y.
2006 JUL 27 A.D. 03

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

DUPLICATE

PROOF OF CLAIM

Name of Debtor:
Environmental Catalysts, LLC

Case Number:
05-44503

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

- ☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim
Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or
b) your claim exceeds the value of the property securing it, or if
c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE	PROOF OF CLAIM
Name of Debtor: Delco Electronics Overseas Corporation		Case Number: 05-44610	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		THIS SPACE IS FOR COURT USE ONLY <div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. </div> <div> <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. </div> <div> <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. </div> </div>	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>424,263.60</u> + <u>2,060.49</u> + <u>189,005.00</u> = <u>615,329.09</u> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ <u>2,060.49</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ <u>424,263.60</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;"> JUL 21 10:03 S.D.N.Y. </div>	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Wayne A. Platz</u> Wayne A. Platz, V.P. Finance & Administration		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.			

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

DUPLICATE

PROOF OF CLAIM

Name of Debtor:
ASEC Sales General Partnership

Case Number:
05-44484

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

- ☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim

Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		DUPLICATE		PROOF OF CLAIM	
Name of Debtor: Delphi Automotive Systems (Holding), Inc.		Case Number: 05-44596		THIS SPACE IS FOR COURT USE ONLY	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.					
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		With a copy to: Shmuel Vasser, Esq. Edwards Angell Palmer & Dodge LLP 750 Lexington Avenue New York, NY 10022			
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____			
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)			
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ <u>424,263.60</u> + <u>2,060.49</u> + <u>189,005.00</u> = <u>615,329.09</u> (unsecured nonpriority) (secured) (unsecured priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ <u>2,060.49</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).			
6. Unsecured Nonpriority Claim: \$ <u>424,263.60</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY JUL 27 AM 03 S.D.N.Y.			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.					
Date July 25, 2006		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Wayne A. Platz</u> Wayne A. Platz, V.P. Finance & Administration			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.					

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

PROOF OF CLAIM

DUPLICATE

Name of Debtor:
ASEC Manufacturing General Partnership

Case Number:
05-44482

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle
☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or
b) your claim exceeds the value of the property securing it, or if
c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

DUPLICATE

PROOF OF CLAIM

Name of Debtor:
**Delphi Automotive Systems Overseas
Corporation**

Case Number:
05-44593

NOTE: This form should not be used to make a claim for an administrative
expense arising after the commencement of the case. A request for payment
of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be
sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that
anyone else has filed a proof of claim
relating to your claim. Attach copy of
statement giving particulars.

☐ Check box if you have never
received any notices from the
bankruptcy court in this case.

☐ Check box if the address differs
from the address on the envelope sent to
you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

☒ Check this box if your claim is secured by collateral (including a right
of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle
☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in
secured claim, if any: \$ _____

7. Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former
spouse, or child - 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180
days before filing of the bankruptcy petition or cessation of the debtor's
business, whichever is earlier - 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of
property or services for personal, family, or household use -
11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(7).
☒ Other - Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or
b) your claim exceeds the value of the property securing it, or if
c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of
making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security
agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the
documents are voluminous, attach a summary.

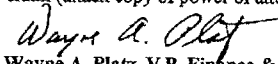
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped,
self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this
claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK <div style="font-size: 2em; opacity: 0.5; position: absolute; top: 50px; left: 50%; transform: translate(-50%, -50%);">DUPLICATE</div>		PROOF OF CLAIM	
Name of Debtor: Delphi International Holdings Corp.		Case Number: 05-44591	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name and address of Creditor (and name and address where notices should be sent if different from Creditor): Speedline Technologies, Inc. 16 Forge Park Franklin, MA 02038 Attn: Wayne A. Platz Telephone number: (508) 541-4992		THIS SPACE IS FOR COURT USE ONLY <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: See customer number on Exhibit B.		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ (explain)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last Four Digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: See attached Purchase Orders		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>424,263.60</u> + <u>2,060.49</u> + <u>189,005.00</u> = <u>615,329.09</u> <div style="text-align: center; font-size: 0.8em;"> (unsecured nonpriority) (secured) (unsecured priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Set-off right</u> Value of Collateral: \$ <u>2,060.49</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).	
6. Unsecured Nonpriority Claim: \$ <u>424,263.60</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		THIS SPACE IS FOR COURT USE ONLY	
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.		Date July 25, 2006	
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  Wayne A. Platz, V.P. Finance & Administration		Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.	

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT
OF NEW YORK

DUPLICATE

PROOF OF CLAIM

Name of Debtor:
Delphi NY Holding Corporation

Case Number:
05-44480

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor (and name and address where notices should be sent if different from Creditor):

Speedline Technologies, Inc.
16 Forge Park
Franklin, MA 02038

Attn: Wayne A. Platz

Telephone number: (508) 541-4992

With a copy to:
Shmuel Vasser, Esq.
Edwards Angell Palmer & Dodge LLP
750 Lexington Avenue
New York, NY 10022

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
See customer number on Exhibit B.

Check here if this claim:

☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____ (explain)

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)

Last Four Digits of your SS#: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: See attached Purchase Orders

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 424,263.60 + 2,060.49 + 189,005.00 = 615,329.09
(unsecured nonpriority) (secured) (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim

- ☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☒ Other Set-off right

Value of Collateral: \$ 2,060.49

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

7. Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim
Amount entitled to priority: \$ _____

Specify the priority of the claim:

- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. §507(a)(1).
☐ Wages, salaries or commissions (up to \$10,000), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).
☐ Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).
☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(7).
☒ Other – Specify applicable paragraph of 11 U.S.C. §507(a)(2).

6. Unsecured Nonpriority Claim: \$ 424,263.60

- ☒ Check this box if: a) there is no collateral or lien securing your claim, or
b) your claim exceeds the value of the property securing it, or if
c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

Date
July 25, 2006

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Wayne A. Platz
Wayne A. Platz, V.P. Finance & Administration

THIS SPACE IS FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

Appendix 1

Debtor:	Case Number:	Proof of Claim Number:
ASEC Manufacturing General Partnership	05-44482	11653
ASEC Sales General Partnership	05-44484	11647
Aspire, Inc.	05-44618	11754
Delco Electronics Overseas Corporation	05-44610	11760
Delphi Automotive Systems (Holding), Inc.	05-44596	11652
Delphi Automotive Systems Global (Holding), Inc.	05-44636	11771
Delphi Automotive Systems Human Resources LLC	05-44639	11766
Delphi Automotive Systems International, Inc.	05-44589	11767
Delphi Automotive Systems Korea, Inc.	05-44580	11782
Delphi Automotive Systems LLC	05-44640	11785
Delphi Automotive Systems Overseas Corporation	05-44593	11654
Delphi Automotive Systems Risk Management Corporation	05-44570	11768
Delphi Automotive Systems Services LLC	05-44632	11765
Delphi Automotive Systems Tennessee, Inc.	05-44558	11772
Delphi Automotive Systems Thailand, Inc.	05-44586	11775
Delphi China LLC	05-44577	11784
Delphi Connection Systems	05-44624	11764
Delphi Corporation	05-44481	11655
Delphi Diesel Systems Corporation	05-44612	11758
Delphi Electronics (Holding) LLC	05-44547	11648
Delphi Foreign Sales Corporation	05-44638	11769
Delphi Furukawa Wiring System LLC	05-47452	11783
Delphi Integrated Service Solutions, Inc.	05-44623	11752
Delphi International Holdings Corporation	05-44591	11656
Delphi International Services, Inc.	05-44583	11780
Delphi Liquidation Holding Company	05-44542	11650
Delphi LLC	05-44615	11756
Delphi Mechatronic Systems, Inc.	05-44567	11770
Delphi Medical Systems Colorado Corporation	05-44507	11757
Delphi Medical Systems Corporation	05-44529	11753
Delphi Medical Systems Texas Corporation	05-44511	11755
Delphi NY Holdings Corporation	05-44480	11657
Delphi Receivables LLC	05-47459	11781
Delphi Services Holding Corporation	05-44633	11773
Delphi Technologies, Inc.	05-44554	11774
DREAL, Inc.	05-44627	11649
Environmental Catalysts, LLC	05-44503	11759
Exhaust Systems Corporation	05-44573	11762
MobileAria, Inc	05-47474	11779
Packard Hughes Interconnect Company	05-44626	11651
Specialty Electronics International Ltd.	05-44536	11751
Specialty Electronics, Inc.	05-44539	11763